Institute *for* Healthcare Improvement

Getting Results at Scale

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What's the need for this framework?

"We believe that "spread" structures and strategies, including the Institute for Healthcare Improvement (IHI) Framework for Spread, while helpful in promoting implementation of best practices, are insufficient in achieving managed diffusion."

Dilling, Swensen, et al . Accelerating the Use of Best Practices: The Mayo Clinic Model of Diffusion. April 2013 J Qual Pat. Safety Volume 39 Number 4
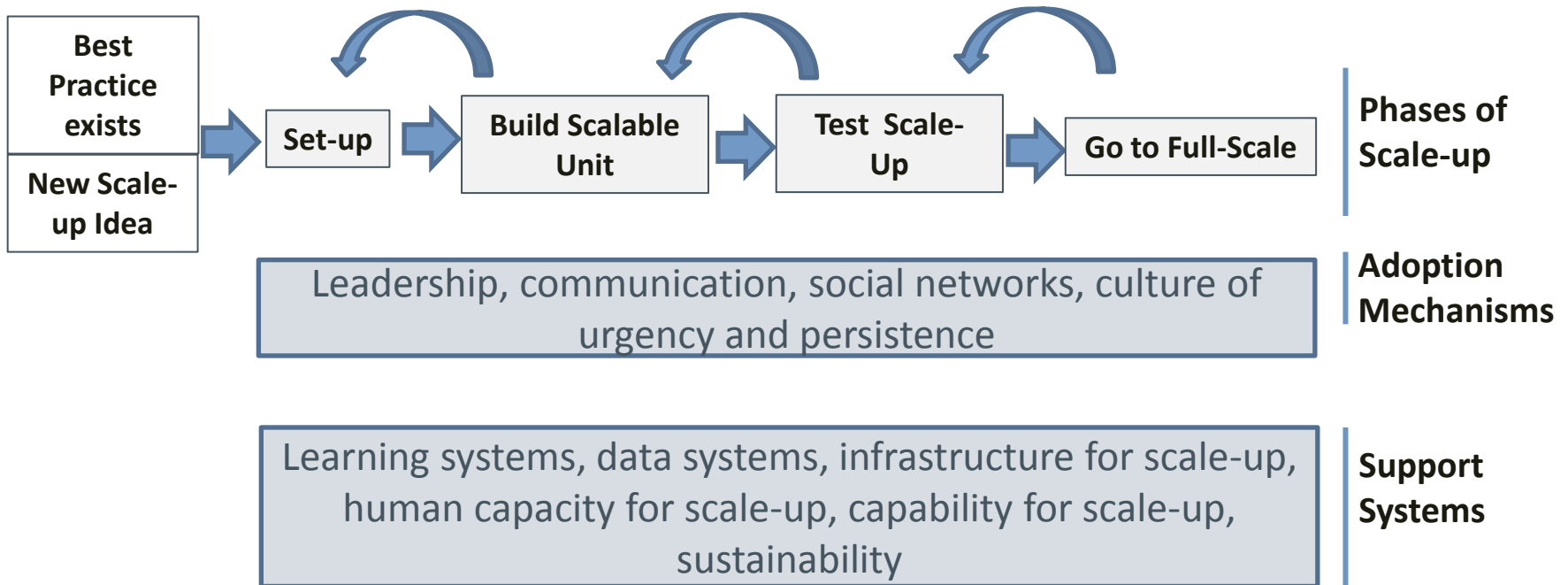
What does the Framework provide?

Guidance on multifaceted approach on how to take improvement to full scale

- Integrates IHI's existing models and thinking on achieving results at scale
- Clarifies terminology - describes what happens in clear, simple terms.
- Describes 3 basic components:
  - Road map or sequence of activities to reach full scale
  - Adoption mechanisms
  - Infrastructure for scale up.
- Describes different methods that can be used at different stages of the journey to full scale.
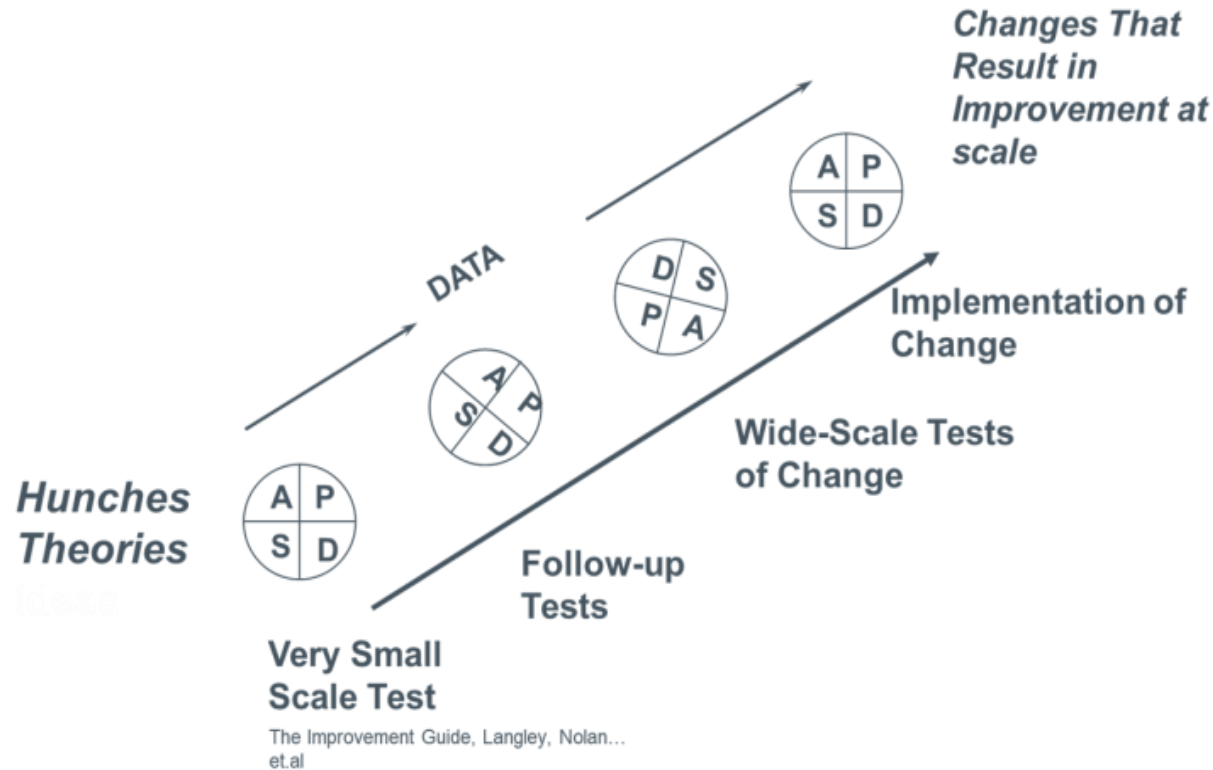
The Scale-up Framework

| Best Practice exists / New Scale-up Idea | → | **Set-up** | → | **Build Scalable Unit** | → | **Test Scale-Up** | → | **Go to Full-Scale** | **Phases of Scale-up** |

Leadership, communication, social networks, culture of urgency and persistence — **Adoption Mechanisms**

Learning systems, data systems, infrastructure for scale-up, human capacity for scale-up, capability for scale-up, sustainability — **Support Systems**

Core elements included in the design:
1. Phased Approach

PDSA "ramp" testing under different conditions (Langley, 2006)

Degree of Belief in Change Ideas
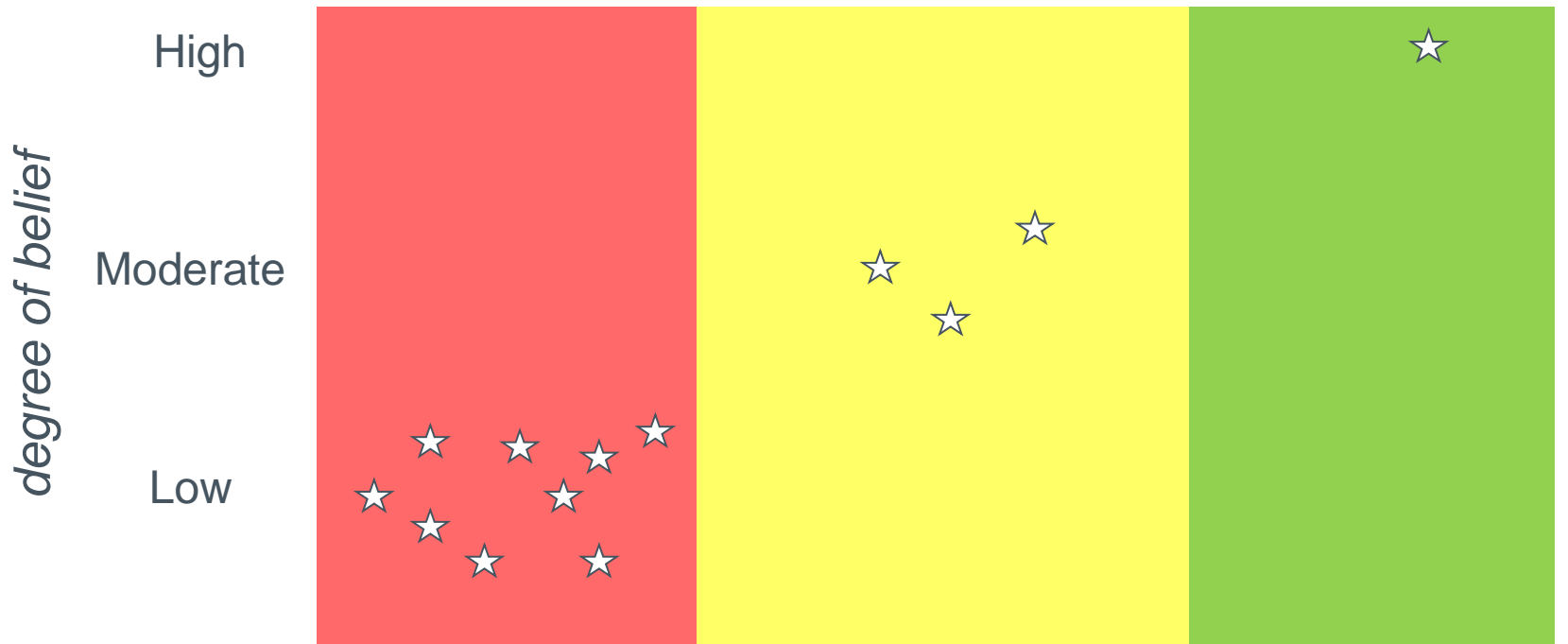
Prototype development of a "slice" of the system (Massoud, 2004)

Fig. 5. Selection of first-phase prototype facilities;

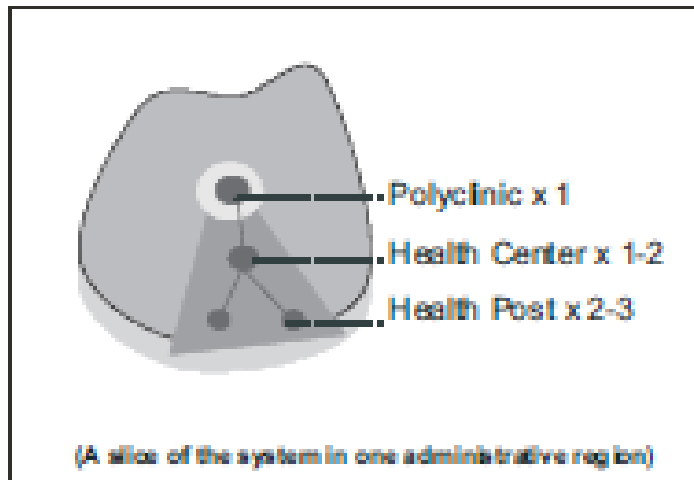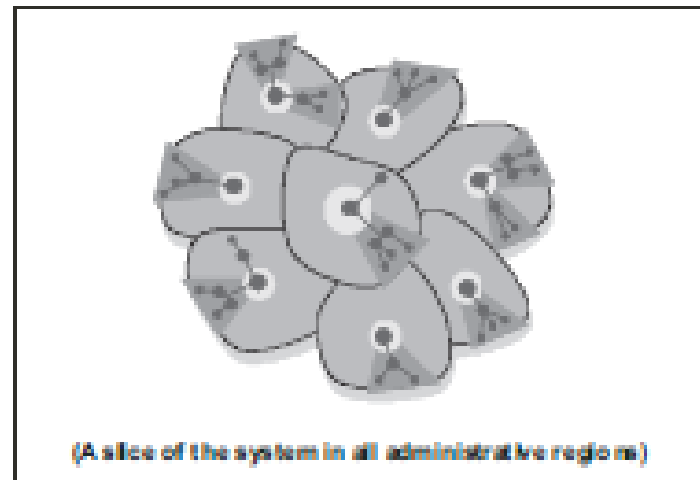- Polyclinic x 1
- Health Center x 1-2
- Health Post x 2-3

(A slice of the system in one administrative region)

Fig. 6. Selection of prototype facilities throughout the country

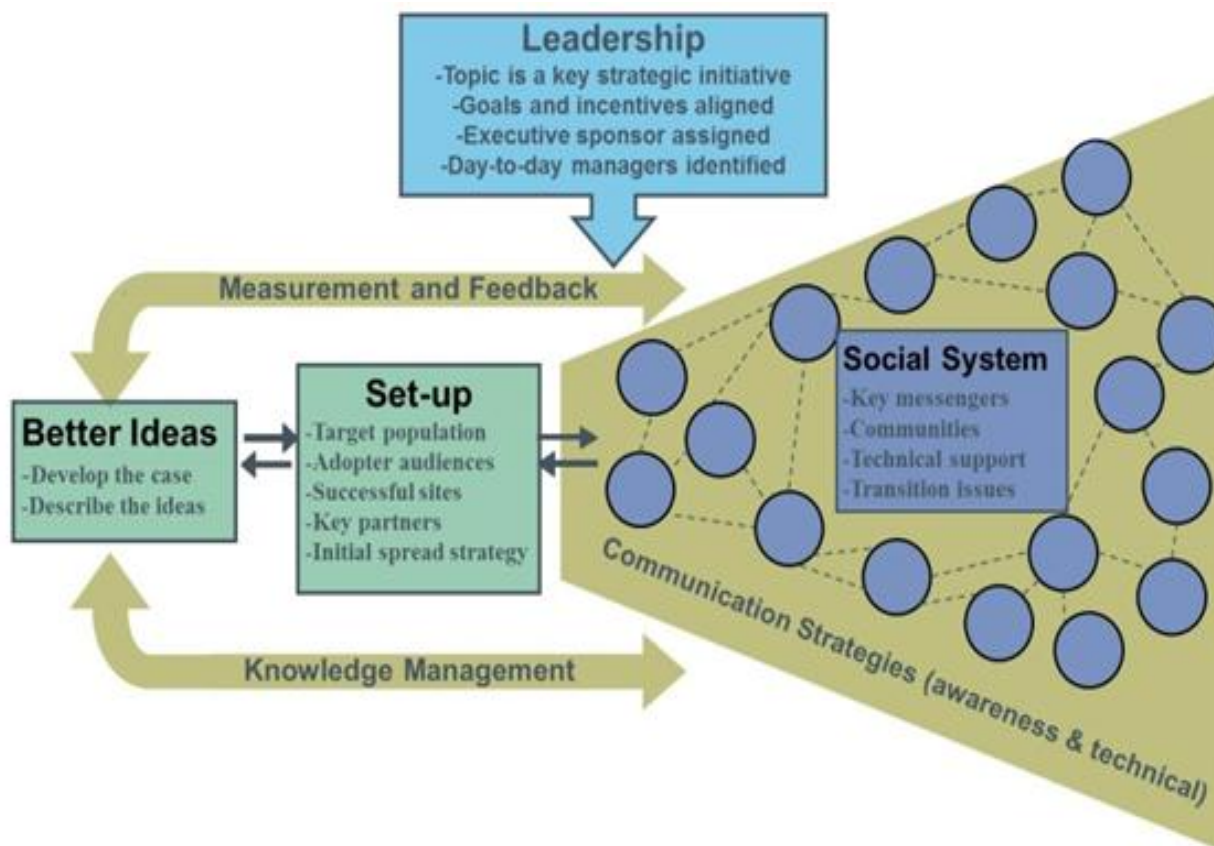(A slice of the system in all administrative regions)

Source: work underway by M. Rashad Massoud, United States Agency for International Development (USAID) funded Quality Assurance Project - University Research Co. LLC

Core elements included in the design: 2. Adoption mechanisms

IHI's framework for spread (Nolan, Schall et al. 2005)

Core elements included in the design:
3. Support Systems

5X Scale-up – Reduce cost and improve care for socially complex

Number of people	System issues to address
5	1. Form a team of volunteers 2. Find people through referrals
25	1. Full time team 2. Redesign of practice 3. Cooperation of hospitals for data 4. Assess outcomes
125	1. Grant funding for operations 2. Consistent population outcomes
625	1. ?
3125	1. ??
15,625	1. ???

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5x Scale up thinking

Core elements included in the design:
4. Existing concepts of "spread" and "scale up"

- "scale-up" - overcoming the system/infrastructure issues that arise during efforts to scale-up implementation

- "spread" – the leadership, social, and environmental factors that promote adoption and replication, with little modification, of an intervention within a health system

Adoption Mechanisms

- Included in all phases but most emphasis is in rapid deployment phase - well-tested set of interventions are deployed at large scale, adopted with minimal further adaptation by frontline staff.

- Focus on replication and sustainability

- Strong reference to leadership, social networks, communication and attributes of the intervention (IHI's Spread Framework)

- Culture of urgency and persistence

- Planned diffusion models (e.g. Mayo "managed diffusion", Kaiser Permanente "spread toolkit")

Support Systems

- *Build human capability for scale-up* .
  - Leadership team to guide the process
  - Reference to 5x thinking framework – phased training from volunteers to trained, dedicated improvement specialists
  - QI-based programs for those who need additional training (start before scale-up begins).
  - QI teams

- *Build infrastructure for scale-up:*
  - Balance targeted resource addition vs system redesign
  - reconfiguration of existing resources (e.g., examination room design, lab needs, data system infrastructure)
  - Additional tools (e.g., checklists, data capture systems),
  - Communication tools, and
  - Key personnel (e.g., data capturers, quality improvement mentors)

Support Systems

- Build reliable *data collection and reporting systems*
  - Track and provide feedback on the performance of key processes
  - Data systems for improvement vs monitoring

- *Develop learning systems:*
  - Mechanisms for collecting, vetting, and rapidly sharing change ideas or interventions

Sustainability

- Key design feature in all phases (i.e., build into change package)

- Ensure high-reliability of the new processes (e.g., use failures to continually improve processes)

- Create monitoring systems to ensure desired results are being achieved

- Build support for structural elements (i.e., training, policies and procedures, standardize processes, etc.)

- Develop and use ongoing learning systems (i.e., opportunities for shared learning and support, refined change package and materials, etc.)

Different QI methods applied to stages of the Framework

Phase	Set-up	Develop the Scalable Unit	Test of Scalability	Go to Full Scale
Methods	• Model for Improvement • Surveys • Brainstorms • Expert meetings • Scans • Site visits • Interviews	• Model for Improvement • Idealized Design • Collaborative learning. e.g., adaptation of Breakthrough Series [BTS] Collaboratives	• Model for Improvement • BTS • Deployment and refinement of change package • Site redesign • Collaborative learning • Change agents	• Model for Improvement • Extension agents • Affinity groups • BTS Collaboratives • Wave sequence • Campaigns • Standard Work • Hybrid approaches

Ghana: National Scale up of Care for Mothers and children

Total Pop'n:	350,000	5 million	11 million	11 million	22 million
Under 5 Pop'n:	60,000	500,000	1.7 million	1.7 million	3.3 million
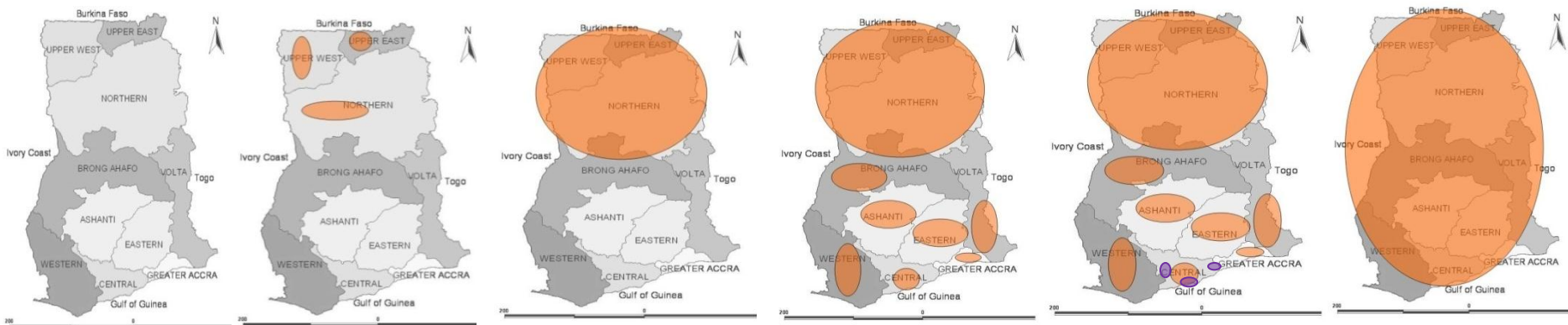
Nov 2007   **Jul 2008**   **Sept 2009**   **Oct 2009**   **Aug 2012**   **Jan 2013**

Start-up:
months
1 – 8

Wave 1:
months
9 – 22

Wave 2:
months
23 – 63

Wave 3:
months
24 – 89

Wave 1R:
months
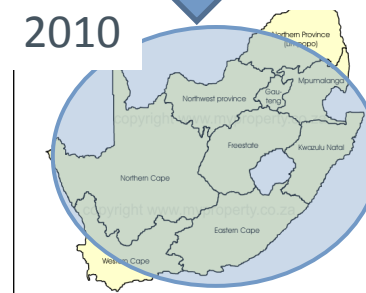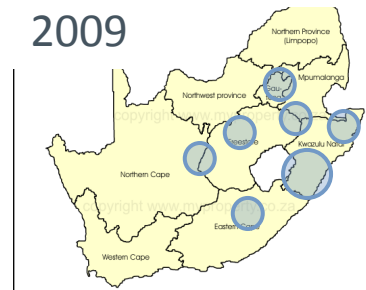58 – 89

Wave 4:
months
63 – 89

No of. QI Teams:	30	258	350	369	>1,046

National Strategic Plan for Scale-Up

2007

2009

2010

Demonstration

⬇

Leadership Intervention

⬇

Test of scale-up

⬇

National full-scale